

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re Patent Application of

Jan Hans Vestre

Application No.: 10/070,366

Filed: May 13, 2002

For: DETONATOR

**MAIL STOP AF** 

Group Art Unit: 3641

Examiner: Gabriel S. Sukman

Confirmation No.: 4545

Date: June 14, 2004

## AMENDMENT UNDER 37 C.F.R. §1.116

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This amendment is filed in response to the Office Action dated February 11,

2004. Please amend the above-identified patent application as follows:

AF 13641 DFW



Attorney Docket No.

Patent 003300-912

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Jan Hans Vestre

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## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

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Enc	losed is a reply for the above-identified patent application.				
	A Petition for Extension of Time is also enclosed.				
	Terminal Disclaimer(s) and the \$\infty\$\$ \$55.00 (2814) \$\infty\$\$ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.				
	Also enclosed is/are				
	Small entity status is hereby claimed.				
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Bigsq \$385.00 (2801) \Bigsq \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).				
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.				
	Applicant(s) previously submitted				
	on, for which continued examination is requested.				
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.				
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also				

Attorney Docket No.	003300-912
Application	No. 10/070 366

X	No additional claim fee is required.
П	An additional claim fee is required, and is calculated as shown below

AMENDED CLAIMS							
	No. of Claims	Highe of Cla Previo Paid	aims ously	•	Extra Claims	Rate	Additional Fee
Total Claims	24	MINUS	24	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	5	MINUS	5	=	0	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					\$ 0.00		
Total Claim Amendment Fee			\$ 0.00				
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee			\$ 0.00				
TOTAL ADDITIONAL	OTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT \$ (				\$ 0.00		

A check in the amount of	of is enclosed for the fee due.
Charge	to Deposit Account No. 02-4800.
Charge	to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE STATCKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: June 14, 2004

Ellen Marcie Emas Registration No. 32,131